



AFFIDAVIT OF EXPERIENCE

(Time frame cannot exceed 24 months per affidavit)

I, _____
PRINT name of Authorized Electrical Contractor's Representative or approved Training Director

affirm and certify that

has worked for _____ *PRINT name of trainee* _____ *Training Certificate or Social Security No.*
in the electrical construction trade

from _____ *PRINT name of company or training program* _____ *UBI or license number*
to _____ *Month Day Year* _____ *Month Day Year* under the direct supervision of a CERTIFIED

journeyman or specialty electrician in the category indicated below for the number of hours shown.

- See WAC 296-46B-920 for details on scope-of-work in the electrical specialties. All training hours must be separated and submitted in the proper category. Time frame cannot exceed 24 months per affidavit.
- Work in the (01) category requires supervision by a (01) journeyman electrician in a one-to-one ratio (1 electrician to 1 trainee).
- All specialties require supervision by a certified journeyman electrician or a certified specialty electrician in the appropriate specialty in a two-to-one ratio (2 trainees to 1 electrician).
- There can be no errors, whiteouts, alterations or additions on the form and you must submit the original affidavit.

Hours	Category	Hours	Category
_____	(01) (General) Commercial/New Industrial	_____	(07) Nonresidential Maintenance
_____	(02) Residential	_____	(07A) Nonresidential Lighting Maintenance
_____	(03) Pump and Irrigation	_____	(07B) Residential Maintenance
_____	(03A) Domestic Well	_____	(07C) Restricted Nonresidential Maintenance
_____	(04) Signs	_____	(07D) Appliance Repair
_____	(06) Limited Energy System	_____	(07E) Equipment Repair
_____	(06A) HVAC/refrigeration Limited Energy	_____	(10) Door, Gate, and Similar Systems
_____	(06B) HVAC/refrigeration - Restricted		

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge.
(See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)

Date	Signature of Authorized Electrical Contractor's Representative or approved Training Director
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SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

NOTARY SIGNATURE

I hereby certify that the statements on this affidavit are true and accurate to the best of my knowledge and request that these hours be credited to my electrical training file. I acknowledge that the department may deny this affidavit and subtract up to 2000 hours from my total training hours, if I make a false statement or misrepresentation of my hours on this affidavit.

Date	Signature of Applicant
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SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE	MY COMMISSION EXPIRES ON
NOTARY PUBLIC IN AND FOR THE STATE OF	RESIDING AT

NOTARY SIGNATURE

Approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reason Code	Lapse	From	To	A/C	Initials	Date
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